Consent and Capacity Board

Annual Report 2011-2012

(Fiscal Period – April 1, 2011 to March 31, 2012)

Ontario

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Chair's Message

I am very pleased to report on the Consent and Capacity Board (CCB) for the fiscal year 2011-2012.

The CCB has achieved its legislated requirements regarding the scheduling of its hearings, decision release, and issuance of written reasons.

The CCB's profile in the Mental Health Community continues its significant stature. I receive continual requests from University Faculties, the Society of Ontario Adjudicators and Regulators, the National Judicial Institute and the Canadian Institute for the Administration of Justice to provide educational speakers on the role of the CCB and Administrative Tribunals in general. Other members have been asked to teach and help prepare curriculum for the creation of Mental Health Certificate Programs at York University and the University of Toronto.

We are now providing five separate CCB templates dealing with our most common applications (*Form 16 or 17*- Application to Review a Patient's Involuntary Status, *Form A Treatment* – Application to Review a Finding of Incapacity to Consent to Treatment, *Form A Admission* - Application to Review a Finding of Incapacity to Consent to Admission, *Form 48* – Application to Review Community Treatment Order, *Form G* - Application to the Board to Determine Compliance). These templates are online and assist all users of the system. They save much time, and most important protect the therapeutic alliance between the patient and physician.

We continued our Public Information Program by training members and presenting to a variety of groups who were interested in the role of the CCB, and particularly "End of Life" issues. We presented on four occasions to a total of 139 members of the public. The feedback was very positive. We will continue this work and hope to present to the diverse communities in Toronto first and the rest of the province in the future.

As part of our in-house education programs, our office staff have been attending hearings and their feedback has been very useful as well as their comments on our performance standards. This initiative has created a greater sense of purpose among us all.

The Annual Education Session was focused on Human Rights Training and our relationship with other stakeholder groups, particularly the Psychiatric Patient Advocate Office.

During the year work began on the development of a new case management system, creation of electronic member expense claims, and improved scheduling processes.

The CCB continues to see an increase in its average number of cases and subsequent number of hearings, costs and efficient use of Board resources are being closely monitored and controlled.

To date we have completed 102 member performance evaluations including 12 this year. The evaluations have been welcomed by our members who are eager to improve their performance.

I would like to take this opportunity to thank the dedicated staff and members of the CCB for their contributions during this fiscal year.

The Honourable
Justice Edward F. Ormston
Chair

Mission, Mandate and Jurisdiction

Mission

To provide fair, timely, effective and respectful hearings that balance legal, medical and healthcare considerations while protecting individual rights and ensuring the safety of the community.

Mandate

The CCB is an independent administrative tribunal with a mandate to adjudicate on matters of capacity, consent, civil commital, substitute decision making, disclosure of personal health information and mandatory blood testing.

Jurisdiction of the CCB

The CCB is responsible for holding hearings and for making decisions on matters in which the least restrictive, least onerous and least intrusive decisions are made to:

1) maintain the safety of the individual

2) protect the safety of the community

3) maintain the dignity and autonomy of the individual

The CCB's authority to hold hearings arises under the following legislation:

Health Care Consent Act

- Review of a finding of incapacity to consent to treatment, admission to a care facility or a personal assistance service;
- Consideration of the appointment of a representative to make decisions for an incapable person with respect to treatment, admission to a care facility or a personal assistance service;
- Giving directions on issues of treatment, admission to care facilities and personal assistance services;
- Consideration of a request for authority to depart from prior capable wishes of an incapable person;
- Review of a decision to consent to an admission to a hospital, psychiatric facility or other health facility for the purposes of receiving treatment;

- Review of a substitute decision-maker's compliance with the rules for substitute decision-making; and
- Consideration of a request to amend or terminate the appointment of a representative.

Mental Health Act

- Review of involuntary status (i.e., civil committal);
- Review of a finding of incapacity to manage property;
- Determination of whether an involuntary patient should be transferred to another psychiatric facility;
- Review of whether a young person (aged 12 - 15) requires observation, care and treatment in a psychiatric facility; and
- Review of a Community Treatment Order.

Substitute Decisions Act

- Review of a finding of incapacity to manage property.

Personal Health Information Protection Act

- Review of a finding of incapacity to consent to the collection, use or disclosure of personal health information;
- Review of a substitute decision maker's compliance with the rules for substitute decision-making; and
- Consideration of the appointment of a representative to consent to the collection, use or disclosure of personal health information on behalf of an incapable person.

Mandatory Blood Testing Act

- If an individual has come into contact with another person's bodily fluid, the individual can apply to the Medical Officer of Health to have a blood sample of the other person analyzed for HIV, Hepatitis B & C.
- If the Medical Officer of Health cannot obtain a voluntary blood sample or cannot locate the individual the Medical Officer of Health shall refer the application to the Board.

- The Board will decide whether the individual should be ordered to provide a blood sample.

Over 80 percent of applications to the CCB involve a review under the *Mental Health Act* of a person's involuntary status in a psychiatric facility, or a review under the *Health Care Consent Act* of a person's capacity to consent to or refuse treatment, or both. The CCB is an expert Board. A lawyer, a psychiatrist, and a public member sit on the hearing panel to consider cases involving the deprivation of an individual's liberty.

The CCB meets its legislative obligations by:

- scheduling hearings within the required timeline
- adjudicating consistently and in a timely fashion
- issuing high-quality Decisions and Reasons for Decision, and
- creating an environment of respect for the adjudicative process, the parties and the public.

Organization

The CCB is an independent adjudicative Board created under the *Health Care Consent Act* with jurisdiction under that Act, the *Mental Health Act*, the *Substitute Decisions Act*, the *Personal Health Information Proctection Act* and the *Mandatory Blood Testing Act*.

The CCB has 129 members, as of June 30, 2012. In addition to the full-time Chair, part-time CCB members include 41 Lawyers, 44 Psychiatrists, and 43 Public members. Members of the CCB are appointed by Order-in-Council, for a term of one to five years. The CCB has a staff of 13 public servants who support the work of the CCB and its members. The CCB is also supported by a full-time legal counsel.

The CCB is an expert tribunal. CCB panels are generally composed of a lawyer, a psychiatrist, and a public member. As a quasi-judicial body, the CCB maintains an arm's length relationship with the Ministry of Health and Long-Term Care while receiving administrative services and support through the Corporate Services Division. The CCB functions under statutory requirements and a Memorandum of Understanding between the Chair and the Minister of Health and Long-Term Care.

Performance Measures

The *Health Care Consent Act, 1996*, sets out three legislated performance measures for the CCB:

1. A hearing is to commence within seven (7) days from the receipt of an application;

2. The CCB must issue its Decision within one day of the conclusion of the hearing; and

3. Upon the request of a party, the CCB must issue written Reasons for its Decision, within four business days of receiving such a request.

The CCB has consistently achieved these legislative requirements. Hearings are conducted in any region of the province, and at any venue (i.e., hospital, nursing home, private residence, etc.), as required. Most hearings are held in psychiatric facilities. The seven–day deadline to schedule a hearing, which involves the assignment of a hearing panel, synchronizing the schedules of the applicant's counsel, health care practitioner and other parties required at the hearing, presents a significant logistical challenge that is unique to the CCB. Given these performance measures, the CCB strives to ensure that its administrative and operational processes are consistent in achieving these goals.

The Board must ensure:

- members receive ongoing educational and training opportunities to maintain their expertise in this highly-specialized adjudicative environment
- staff is highly trained and engaged and has the resources available to effectively and efficiently schedule hearings
- it is providing informative and accessible educational information to stakeholders and parties

The CCB submits an annual Business Plan to the Minister of Health and Long-Term Care as required under the Management Board of Cabinet's *Agency Establishment and Accountability Directive (AEAD)*. Additionally, as per the AEAD the CCB also completed a risk assessment template in December 2011 that is updated on a regular basis.

2011-2012 Accomplishments

Outreach and Education:

1. The CCB continued its informative public information program to educate healthcare providers, healthcare organizations, and the public at large about the roles and responsibilities of the CCB, its processes, and the associated implications for healthcare professionals and individuals. Any interested organization can request a seminar on a variety of topics. The Board has created a library of presentations to ensure consistent messaging within its seminars and allows the Board to easily provide copies of presentations to interested participants. In 2011/12 the CCB provided 11 education seminars on a variety of topics such as substitute decision making, admission to long-term care and capacity to make health care decisions.

2. An End-of-Life decision making presentation was developed to provide information about the Board's role in adjudicating hearings where difficult decisions regarding end-of-life choices must be made. Additionally the presentation features information about completing a Power of Attorney and having the difficult conversations with loved ones about end-of-life decisions. This presentation has been made available through the Board's public information program.

3. Summary templates created for use by clinicians appearing before the CCB were refined and improved. These summaries have been streamlined and edited to be more user-friendly. The summary templates cover reviews of involuntary status, treatment and admission to long-term care facilities, determinations of principles of substitute decision making and community treatment orders. All summary templates are available on the CCB website. The CCB continues to visit health care facilities throughout the province to demonstrate to health practitioners the usefulness of this tool.

4. A lawyer member and a psychiatrist member offer presentations to groups of psychiatrists and other health care professionals on effective preparation for and participation in CCB hearings. Due to resource issues the Board only provided one session during 2011/12 but is planning on targeting specific facilities in the coming fiscal year.

Recruitment, Training and Quality Assurance:

1. The CCB continued using its new member training program which encompasses three distinct aspects: observing hearings, attending classroom training, and conducting hearings with an experienced member acting as mentor to the new member.

2. Continued implementation of the CCB Performance Evaluation Program for the assessment of the performance of CCB members and to enhance the quality of adjudication and provide improved accountability. Every CCB member has a minimum of one performance evaluation during the term of each of his/her Order-in-Council. The evaluation is done in relation to a set of standards that were established by the members, and reflect their view of how their performance should be measured. The Board completed 12 Performance Evaluations in 2011/12. Since its inception in 2010, the Board has completed 102 evaluations.

3. The Board convened its Annual Education Session in October 2011. The main theme of this years' session was Human Rights issues in the CCB setting.

4. All Members completed on-line training on the Travel, Meal, Hospitality Directive and Workplace Discrimination and Harassment Prevention.

Scheduling, Finance and Administration:

1. The Board continued to use videoconferencing technology for hearings. Videoconferencing is currently used as an option in both remote areas of the province where no local Board membership exists, and in situations where it is not possible for a full panel to attend a hearing in person. Videoconferences have been convened with some members of the panel attending in person at the hearing, as well as with all members of the panel attending from Toronto via videoconference.

   During the 2011/12 fiscal year the Board convened 33 video conference hearings, which is an increase of 371% over the previous fiscal year. By convening these hearings by videoconference the Board has reduced hearing costs such as daily per diem rates and meal costs or in some cases eliminated costs such as travel expenses (i.e. flight). A conservative estimate of the financial savings for 2011/12 is $70,000.

2. In August 2011 the Board commenced a pilot project to test a redesigned member expense form. Features of the new form included streamlined user fields to allow for electronic completion, pre-populated drop-down menus and automatic calculations. The aim was to make the form more consistent, efficient and easier to use. The Board will eventually make the form available

to all members with a potential long-term goal of enabling electronic submission of expense claims.

3. Policy Guideline #4 "Policy of Handling Documents Sent to the CCB by Parties/Counsel in Advance of a Hearing" was adopted on December 5, 2011. The policy identifies the general principles the Board will follow when deciding to share documents with panel members before the scheduled hearing.

4. In March 2012 the Board completed renovations to its reception area. The newly designed area includes:
   - A video phone which allow staff to view and speak with a guest or visitor prior to allowing them entrance to the reception area.
   - A card swipe card access only door to the inner area of the office
   - Accessibility bars for all doors
   - A reception window equipped with a delivery slot to allow for deliveries or exchange of documents

   Due to the physical constraints of the Board's original reception area, the ability to receive guests and walk-ins at the CCB, in a secure and professional manner was, somewhat limited. The new reception area provides a more suitable area to greet and direct guests or visitors.

5. In March 2012 the Board commenced a hearing observation program for all staff. Every staff member is assigned to a specific week to observe a hearing. It's a very important program as it allows staff to get out in the field and witness the hearing process in action and provides an important perspective on the important role of the CCB. Observing hearing will become a permanent program for staff and will continue in future fiscal years.

Board Members' Training and Professional Development

Member training is a priority for the CCB. CCB members are required to perform at the highest level of skill and training to ensure that the correct decision is made, and proper procedures followed.

The CCB has an intensive in-house training program protocol whereby new members observe hearings in preparation for participation in a two-day classroom training program, provided by experienced senior members and legal counsel. Following this, they participate in training panels, assisted by a mentor, until they are ready to undertake the full duties of a sitting member.

Annual Education Session

The Annual Education Session provides an opportunity for members throughout the province to discuss issues of interest. The Board facilitates educational sessions as well as provides a forum for discussion on mental health issues.

In return, the CCB has better trained and engaged members from all regions which result in the consistent application of relevant practices and a thorough understanding of mental health law.

The 2011 Annual Education Session focused on understanding the Ontario Human Rights Code in the context of the CCB which consisted of a presentation by the Ontario Human Rights Commission and included small group scenario studies. As has been done in the past, CCB members and staff participated in small group exercises to reinforce their knowledge and skill base. Other topics and presentations included an update on emerging legal issues and trends, an FAQ session on the administrative and financial responsibilities of members and an information program provided by the Psychiatric Patient Advocate Office.

New Member Training

The Board provided training to seven new appointees. This training consisted of a 2 day in-class session to provide an overview of the Board's legislation and case law, procedure and protocol and to ensure the members are well prepared to deal with the issues they face as adjudicators. Additionally the members were paired with an experienced mentor who participated in training panels and provided advice and guidance. Each member completed the requirements of the training program within 6 months of their appointment.

Legal

Adjudicative Tribunals Accountability, Governance and Appointments Act, 2009

The ***Adjudicative Tribunals Accountability, Governance and Appointments Act, 2009*** (ATAGAA) was created to ensure adjudicative tribunals are accountable, transparent and efficient in their decision making. ATAGAA enables the government to cluster two or more adjudicative tribunals, establishes a new order-in-council appointments process which includes a merit based competition process and the use of automatic waivers for reappointments and ATAGAA requires adjudicative tribunals to develop governance and public accountability documents. These documents include a Memorandum of Understanding, Mandate and Mission Statement, Consultation Policy, Service Standard Policy, Ethics Plan, Member Accountability Framework, Business Plan and Annual Report.

Additionally, ATAGAA stipulates an adjudicative tribunal will be reviewed at least once every six years. The contents of the review include the Board's mandate, the functions performed by the Board, the Board's governance and management structure, financial and information systems and human resources. The CCB will participate fully in the review scheduled for the Fall of 2012 and will consider implementing strategies that support its mandate and business plan.

The Board submitted its accountability and governance documents to the Minister of Health in February 2012 and is anticipating approval to make the documents public in the coming fiscal year.

In March 2012 the Board posted member competitions for legal, psychiatrist and pubic appointees. Resumes and applications are expected at the beginning of the new fiscal year with interviews to be set up in the first quarter of 2012/13.

During this fiscal year the Board submitted 14 waivers as per ATAGAA to waive the requirement for a merit based reappointment process for members who wished to be reappointed to the Board.

Case Management

Hearings

The scheduling unit maintained the highest standards of customer service while also meeting its legislative requirement to schedule hearings within 7 days. The transitional period which began in 2009/10 continued throughout 2011/12. Some staffing changes took place, roles began to be better defined and the team continued with ongoing efforts aimed at increasing efficiency and improving processes.

Case Management Database

The CCB's case management system was introduced in April 2006 and tracks the progress of all the applications before the CCB. The system is used to create physical application files, assists the schedulers in coordinating hearings and paperwork and maintains a record of all applicants before Board. The current case management system has far exceeded its life-expectancy and evolved to a level that cannot be sustained and maintained.

The Board commenced the procurement process for a new case management system in 2011/12. The new system will be a Commercial-Off-The-Shelf system with an anticipated implementation date of October 2013.

Caseload Statistics

The CCB has no control over the number of applications it receives or the number of hearings that it is required to schedule in any given year. Case management data from the past 6 years demonstrates the number of hearings convened by the Board has increased by 35% since 2006/07. Additionally, the Board has had to manage an increase in cases of 30% over the same 6 year period.

Notably, the Board experienced a significant increase in caseload in 2011/12 as compared to the previous year, of 14% in hearings and 11% in cases. Typically the Board experiences an annual average increase in caseload of 6% for hearings and 5% for cases. Affecting these annual increases is the number of requests to review Community Treatment Orders (CTO). Since 2006/07 the Board has experienced a 311% increase in the number of applications (825 in 2011/12 vs. 201 in 2006/07) received to review a CTO. The number of hearings convened has increased by 245% (718 in 2011/12 vs. 208 in 2006/07).

Over the years the Board has developed useful tools for health practitioners to assist in presenting CTO cases before the Board, such as CCB summary templates. Additionally, the Board established a province-wide electronic hearing process for Mandatory Non-Contested CTO hearings to allow participation in these hearings to

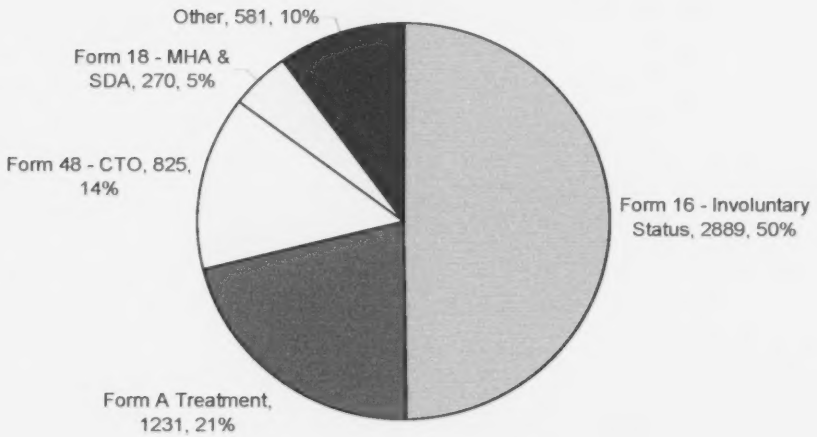
be more efficient. Given the expected continued increase in CTO reviews, in the coming fiscal year, the Board will focus on creating training material for parties presenting before the Board and educational material for adjudicators.

Docket and Hearing Totals

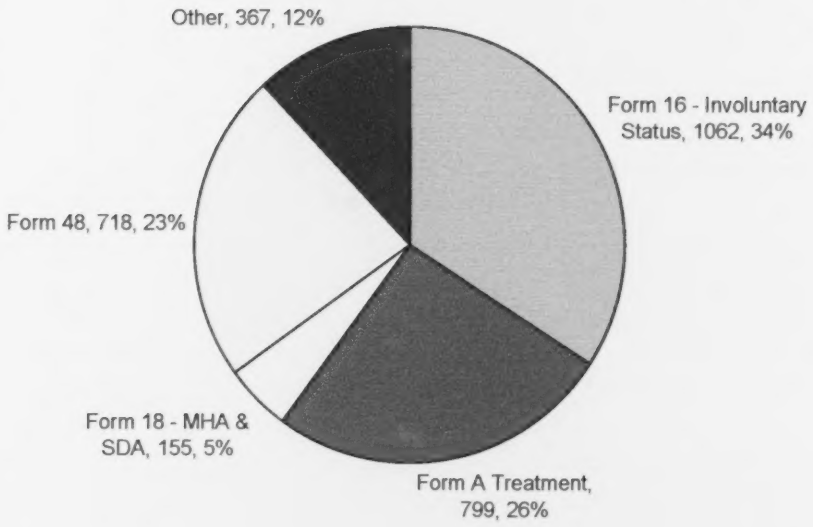
Cases (Dockets) per Year					
2006/2007	**2007/2008**	**2008/2009**	**2009/2010**	**2010/2011**	**2011/2012**
3441	3551	3741	3990	4037	4485
Increase per year	3%	5%	7%	1%	11%

Hearings by Docket per Year					
2006/2007	**2007/2008**	**2008/2009**	**2009/2010**	**2010/2011**	**2011/2012**
2071	2103	2282	2390	2457	2797
Increase per year	1.5%	8.5%	5%	3%	14%

Applications Submitted (2011/12)



Hearings by Application Type (2011/12)



Appeals

A party to a proceeding before the CCB has the right to appeal the CCB's decision to Ontario's Superior Court of Justice within seven days after receipt of the CCB's decision. The CCB is responsible for creating the record of appeal and ordering the transcripts for the hearing in question. These documents are then served on the parties and filed with the court.

The following are the number of appeals received by the CCB and their outcomes. The appeal information is based on calendar year and not the fiscal year.

YEAR	WITHDRAWN/ ABANDONED	DISMISSED	ALLOWED	UNKNOWN AND/OR OPEN	TOTAL
2003	25	7	2	19	53
2004	17	4	3	16	40
2005	15	8	3	23	49
2006	22	16	0	12	50
2007	19	12	0	25	56
2008	11	7	0	26	44
2009	10	8	3	25	46
2010	15	4	0	39	58
2011	20	6	1	36	63
TOTAL	**154**	**72**	**12**	**221**	**459**

Note: Appeal outcomes may not correspond to the calendar year the appeal was initially filed.

Finance

The financial unit continued to exercise prudent fiscal controllership by ensuring all member claims and vendor invoices adhere to Board and government guidelines and directives.

The Board revised its Member Expense Guidelines to better align the Board's procedures with Government directives and to provide clarity and consistency for members.

In 2011/2012, the CCB received a budget allocation of $4,800,700.

As a result of videoconference and teleconference hearings, the CCB realized a reduction in expenditures due to reduced member travel costs.

The CCB will continue to review all aspects of its operations to enhance administrative efficiencies and to implement cost-savings or cost-avoidance strategies, as appropriate.

Financial Expenditure Report (April 1, 2011 to March 31, 2012)

	Internal Allocation	Actual Expenditures	Surplus (Deficit)
DIRECT OPERATING EXPENSE			
Salaries and Wages	627,300	1,181,864	($554,564)
Benefits	78,100	140,262	($62,162)
Subtotal	$705,400	$1,322,126	($616,726)
OTHER DIRECT OPERATING EXPENSES			
Transportation and Communications	314,300	345,238	($30,938)
Services	3,433,500	4,140,495	($706,995)
Supplies and Equipment	347,500	20,082	$327,418
Subtotal	$4,095,300	$4,505,815	($410,515)
TOTAL OPERATING EXPENSES	**$4,800,700**	**$5,827,941**	**($1,027,241)**

Consent and Capacity Board Members
As of March 31, 2012

	Member	Date First Appointed	Date Current Term Expires
Chair			
	The Honourable Justice Edward Ormston	June 01, 2006	May 31, 2014
Lawyers			
Mr.	Joseph Baker	December 15, 2005	December 14, 2013
Ms.	June Bell	September 06, 2006	September 05, 2012
Ms.	Susan Bigelow	June 15, 2010	June 14, 2015
Ms.	Rose-Gabrielle Birba	June 28, 2006	June 27, 2014
Ms.	Sally Bryan	April 18, 2011	April 17, 2013
Ms.	Mary Jane Campigotto	May 02, 2007	May 01, 2017
Mr.	Philippe Capelle	May 17, 1999	May 16, 2013
Ms.	Elsy Chakkalakal	April 04, 2007	April 03, 2012
Mr.	Theodore Charuk	November 22, 2000	March 31, 2014
Mr.	Philip Clay	October 16, 2002	October 25, 2013
Mr.	Bernard Comiskey	November 02, 2005	November 01, 2013
Mr.	Paul DeVillers	March 29, 2006	March 28, 2014
Mr.	Normand Forest	December 12, 2001	December 11, 2012
Mr.	Brock Grant	March 23, 2005	August 15, 2012
Mr.	Michael Hennessy	August 21, 2003	August 20, 2014
Mr.	Albert Hubbard	July 04, 2001	July 03, 2015
Ms.	Judith Jacob	April 03, 1995	April 02, 2017
Ms.	Carolyn Jones	August 25, 2004	August 24, 2012
Ms.	Shayne Kert	March 24, 2004	March 23, 2014
Ms.	Erin Lainevool	June 20, 2007	June 19, 2016
Ms.	Michele Lawford	September 15, 2010	September 14, 2012
Mr.	Roger Leclaire	February 21, 2007	February 20, 2017
Ms.	Nina Lester	June 17, 2009	June 16, 2014
Ms.	Susan Lightstone	February 21, 2007	February 20, 2017
Ms.	Karen Lindsay-Skynner	April 03, 2002	July 20, 2013
Ms.	Catherine McDonald	September 15, 2010	September 14, 2012
Mr.	Patrick Murphy	October 26, 2005	October 25, 2013
Mr.	Michael Newman	October 21, 1998	April 01, 2013
Ms.	Susan Opler	November 21, 2001	November 20, 2012
Ms.	Judith Pascoe	May 04, 2005	May 03, 2013

Ms.	Lora Patton	September 24, 2009	September 23, 2012
Mr.	Brendon Pooran	February 22, 2011	February 21, 2013
Ms.	Judith Potter	October 26, 2005	October 25, 2013
Ms.	Jill Presser	March 29, 2006	March 28, 2014
Ms.	Holly Rasky	June 06, 2007	June 05, 2012
Mr.	Roger Rowe	November 10, 2005	November 09, 2013
Ms.	Lucille Shaw	January 04, 2011	January 03, 2013
Mr.	Bernard Starkman	February 27, 2002	May 03, 2013
Mr.	Larry Steacy	March 24, 2004	July 23, 2012
Ms.	Colleen Sylvester	August 25, 2004	August 24, 2012
Ms.	Shirley Wales	March 23, 2005	March 22, 2013
Mr.	Eugene Williams	January 05, 2006	January 04, 2014

Psychiatrist

Dr.	Nural Alam	January 13, 1999	January 12, 2013
Dr.	Federico Allodi	February 21, 2001	April 22, 2013
Dr.	Rajiv Bhatla	November 22, 2000	March 31, 2015
Dr.	Dominique Bourget	June 22, 2006	June 21, 2014
Dr.	Donald Braden	October 06, 1999	October 17, 2013
Dr.	John Bradford	June 06, 2007	June 05, 2012
Dr.	Gary Chaimowitz	July 04, 2001	July 03, 2017
Dr.	Ranjith Chandrasena	June 01, 1986	April 02, 2014
Dr.	Yoland Charbonneau	August 23, 1993	April 02, 2017
Dr.	Peter Cook	July 04, 2001	July 03, 2015
Dr.	Andre Cote	October 23, 1986	April 02, 2014
Dr.	Isabelle Cote	June 30, 2000	June 29, 2014
Dr.	Raymond Denson	January 03, 2003	January 02, 2013
Dr.	Jack Ellis	August 10, 2006	August 09, 2014
Dr.	Joseph Ferencz	January 15, 2007	January 14, 2017
Dr.	Russel Fleming	June 05, 1996	June 04, 2014
Dr.	Alison Freeland	May 30, 2006	May 29, 2014
Dr.	Donald Galbraith	January 13, 1994	April 02, 2014
Dr.	Rose Geist	February 27, 2008	February 26, 2013
Dr.	Joseph Glaister	May 17, 1999	June 21, 2013
Dr.	Karen Hand	May 04, 2011	May 03, 2013
Dr.	Tom Hastings	December 06, 2006	December 05, 2016
Dr.	John Johnson	July 23, 1993	April 02, 2017
Dr.	William Komer	December 18, 2001	December 17, 2012
Dr.	Anthony Levinson	May 17, 2011	May 16, 2013
Dr.	Stephen List	May 03, 2006	May 02, 2014
Dr.	Eric MacLeod	June 06, 1968	April 02, 2017
Dr.	William Maley	February 06, 2002	February 05, 2013
Dr.	Rahul Manchanda	June 17, 1993	April 02, 2014

Dr.	Paul Max	June 30, 2000	August 09, 2014
Dr.	Robert McCurley	April 14, 2010	April 13, 2015
Dr.	Helen Meier	June 01, 1986	April 02, 2014
Dr.	John Pellettier	October 02, 2002	November 01, 2013
Dr.	Emmanuel Persad	March 24, 2004	March 23, 2017
Dr.	Quentin Rae-Grant	June 05, 1996	June 04, 2014
Dr.	Vivian Rakoff	August 25, 2004	August 24, 2012
Dr.	Edward Rotstein	June 06, 2007	June 05, 2017
Dr.	Gerald Shugar	July 04, 2001	July 03, 2017
Dr.	Marvin Silverman	July 11, 1990	April 02, 2017
Dr.	Cameron Stevenson	June 05, 1996	June 04, 2017
Dr.	William Surphlis	July 04, 2001	July 03, 2017
Dr.	Michele Tremblay	November 20, 1992	April 02, 2014
Dr.	James Wilkes	July 04, 2001	July 03, 2017
Dr.	Si-Ann Woods	February 21, 2007	February 20, 2017
Dr.	Leslie Wright	July 04, 2001	July 03, 2012

Public

Mr.	Richard Aaronson	August 01, 2003	July 31, 2014
Mr.	Robert Adams	June 30, 2000	August 09, 2014
Ms.	Susan Agranove	April 11, 2006	April 10, 2014
Mr.	David Boothby	November 29, 2006	November 28, 2016
Mr.	Earl Campbell	December 07, 2005	December 06, 2013
Ms.	Pat Capponi	April 06, 2011	April 05, 2013
Ms.	Lois Champion	August 12, 2008	August 11, 2013
Mr.	Ram Chopra	August 25, 2004	August 24, 2012
Ms.	Joanna Cutaia-Beales	February 10, 2006	February 09, 2014
Ms.	Shirley Ann Dunn	February 03, 2006	March 03, 2014
Ms.	Dawn Eccles	May 17, 2006	May 16, 2014
Mr.	Scott Gale	November 10, 2005	November 09, 2013
Mr.	Hamlin Grange	February 09, 2011	February 08, 2013
Ms.	Beverley Hodgson	February 27, 2008	February 26, 2013
Ms.	Connie Holmes	August 10, 2006	August 09, 2014
Ms.	Ileen Howell	February 17, 2010	February 16, 2015
Mr.	Slavo Johnson	April 14, 2010	April 13, 2015
Ms.	Janice Laking	July 11, 2001	October 04, 2012
Ms.	Heather Lareau	April 26, 2006	April 25, 2014
Ms.	Barbara Laskin	February 10, 2006	February 09, 2014
Ms.	Sandra Leblanc	October 26, 2005	October 25, 2013
Ms.	Linda Leong	November 17, 2005	November 16, 2013
Mr.	Pierre Lessard	May 28, 2003	May 01, 2014
Ms.	Nechita Lim-King	March 07, 2007	March 06, 2017
Mr.	Duncan MacPhee	April 11, 2007	April 10, 2017
Ms.	Sabita Maraj	September 15, 2010	September 14, 2012

Mr.	George Maroosis	July 05, 2007	July 04, 2016
Ms.	Joy Martin	March 01, 2006	February 28, 2014
Ms.	Constance McKnight	September 08, 2009	September 07, 2012
Mr.	Donald McLeod	February 27, 2008	February 26, 2013
Ms.	Teresa Michienzi	February 10, 2006	February 09, 2014
Ms.	Patricia Muldowney-Brooks	February 03, 2006	February 02, 2014
Mr.	Takis Pappas	October 02, 2002	October 25, 2013
Mr.	Panos Petrides	April 11, 2006	June 19, 2016
Mr.	Paul Philion	December 18, 2001	December 17, 2012
Mr.	David Simpson	November 18, 2009	November 17, 2014
Ms.	Lorraine Steadman	February 03, 2006	February 02, 2014
Ms.	Jane Stone	March 07, 2007	March 06, 2017
Mr.	Gary Strang	September 24, 2003	September 23, 2014
Ms.	Elda Thomas	March 23, 2005	March 22, 2013
Ms.	Joanne Turner	September 06, 2006	September 05, 2012
Ms.	Debra Waisglass-Bettel	October 26, 2005	October 25, 2013
Ms.	Joy Wendling	April 16, 2008	April 15, 2013

Members Reappointed in 2011/12 using ATAGAA Waivers

	Member	Date First Appointed	Date Current Term Expires
Lawyers			
Mr.	Theodore Charuk	November 22, 2000	March 31, 2014
Ms.	Shayne Kert	March 24, 2004	March 23, 2014
Mr.	Roger Leclaire	February 21, 2007	February 20, 2017
Ms.	Susan Lightstone	February 21, 2007	February 20, 2017
Mr.	Larry Steacy	March 24, 2004	July 23, 2012
Psychiatrist			
Dr.	Joseph Ferencz	January 15, 2007	January 14, 2017
Dr.	Thomas Hastings	December 06, 2006	December 05, 2016
Dr.	Emmanuel Persad	March 24, 2004	March 23, 2017
Dr.	Si-Ann Woods	February 21, 2007	February 20, 2017
Public			
Mr.	David Boothby	November 29, 2006	November 28, 2016
Ms.	Ileen Howell	February 17, 2010	February 16, 2015
Ms.	Nechita Lim-King	March 07, 2007	March 06, 2017
Mr.	David Simpson	November 18, 2009	November 17, 2014
Ms.	Jane Stone	March 07, 2007	March 06, 2017

Consent and Capacity Board Staff

Justice Edward Ormston	Chair
Lorissa Sciarra	Registrar and Senior Manager
Cheryl Young	Deputy Registrar
Nadia Ramnarine	Coordinator of Business Operations
Manal Hanna	Administrative Officer (A)
Saskia Mulders	Financial Assistant
Amrita Zaman	Administrative Assistant (A)
Karen Walker	Case Management Coordinator
Angela Moore	Case Coordinator
Antonella Nucci	Case Coordinator
Michael Blakely	Case Coordinator
Nicole Ramlochan	Case Coordinator
Paula Cabral	Case Coordinator
Tyra Jackson	Bilingual Intake and Inquiry Officer